

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
03-007

2. STATE: CT

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
May 1, 2003

5. TYPE OF STATE PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 447.205

7. FEDERAL BUDGET IMPACT:
a. FFY 2003 \$(3.25 million)
b. FFY 2004 \$(7.75million)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19B, Page 1(a)

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If applicable)

Attachment 4.19B, Page 1(a)

Connecticut (03-007)
approved: 09/02/03
effective: 05/01/03

10. SUBJECT OF AMENDMENT: Standards for Optional State Supplementary Payments.

Payments for Home Health Services

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Comments, if any, to follow.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:

13. TYPED NAME: Michael P. Starkowski

State of Connecticut
Department of Social Services
25 Sigourney Street
Hartford, CT 06106-5033
Attention: David Parrella, Medical Care Admin.

14. TITLE: Deputy Commissioner

15. DATE SUBMITTED:
June 17, 2003

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: June 19, 2003

18. DATE APPROVED: September 2, 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

May 1, 2003

20. SIGNATURE OF REGIONAL OFFICIAL: *Bruce D. Greenstein / Margaret A. Hone*

21. TYPED NAME: Bruce D. Greenstein

22. TITLE: Associate Regional Administrator, DMCH

23. REMARKS:

Changes Underlined

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

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-
- (5) Physician's services-fixed fee schedule.
- (6) Medical care or any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law – psychologist, optometrists, chiropractors and naturopaths – Fixed negotiated fee schedule.

Nurse Practitioner rates for each procedure shall be set at 90% of the department's fees for physician procedure codes.

Dental Hygienist rates:

- (a) for managed case, dental hygienist's are included within the panels of each respective managed care organization under contract with the department effective 2-1-99; and
- (b) within the fee-for-service system, dental hygienist rates for each procedure shall be set at 90% of the department's fees for dentists' procedure codes.

- (7) Home Health Services – Fee schedule

Any fee payable to a home health care agency or home-maker home health aide agency may be increased upon the application of an agency evidencing extraordinary costs associated with (1) treating AIDS patients; (2) high risk maternal and child health care; (3) escort security services or (4) extended hour services. The fee schedule may be increased annually based upon increases in the cost of services. The Department may add, adjust or eliminate service fees to reflect the scope of service or time and cost associated with service provision. In no case will the fee paid to an agency exceed the agency charge to the general public for similar services.

- (8) Private duty nursing services – Not provided.

TN # 03-007Approval Date 9/2/03Effective Date 5/1/03

Supersedes

TN #99-001

OFFICIAL